

FORM PTO-1390 (Modified) U.S. PATENT AND TRADEMARK OFFICE; U.S. DEPARTMENT OF COMMERCE (REV. 2-2005)		ATTORNEY'S DOCKET NUMBER 3677
TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A SUBMISSION UNDER 35 U.S.C. 371		U.S. APPLICATION NO. (If known, see 37 CFR 1.5) 10/579478
INTERNATIONAL APPLICATION NO. PCT/EP 2005/054571	INTERNATIONAL FILING DATE 09/14/2005	PRIORITY DATE CLAIMED 11/17/2004
TITLE OF INVENTION HANDHELD POWER TOOL		
APPLICANT(S) FOR DO/EO/US Bruno AEBERHARD		
Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:		
<ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a submission under 35 U.S.C. 371. 2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a submission under 35 U.S.C. 371. 3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (24) indicated below. 4. <input checked="" type="checkbox"/> The US has been elected (Article 31). 5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c)(2)) <ol style="list-style-type: none"> a. <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau). b. <input checked="" type="checkbox"/> has been communicated by the International Bureau. c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US). 6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)). <ol style="list-style-type: none"> a. <input checked="" type="checkbox"/> is attached hereto. b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4). 7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371 (c)(3)) <ol style="list-style-type: none"> a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> have been communicated by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input type="checkbox"/> have not been made and will not be made. 8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)). 9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)). 10. <input type="checkbox"/> An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)). 11. <input type="checkbox"/> A copy of the International Preliminary Examination Report (PCT/IPEA/409). 12. <input checked="" type="checkbox"/> A copy of the International Search Report (PCT/ISA/210). <p>Items 13 to 23 below concern document(s) or information included:</p> <ol style="list-style-type: none"> 13. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98. 14. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. 15. <input checked="" type="checkbox"/> A FIRST preliminary amendment. 16. <input type="checkbox"/> A SECOND or SUBSEQUENT preliminary amendment. 17. <input type="checkbox"/> A substitute specification. 18. <input type="checkbox"/> A power of attorney and/or change of address letter. 19. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825. 20. <input type="checkbox"/> A second copy of the published International Application under 35 U.S.C. 154(d)(4). 21. <input type="checkbox"/> A second copy of the English language translation of the International Application under 35 U.S.C. 154(d)(4). 22. <input checked="" type="checkbox"/> Express Mail Label No. EV 261933911 US 23. <input type="checkbox"/> Other items or information: 		

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

U.S. APPLICATION NO. (if known, see 37 CFR 1.51) 10/579478		INTERNATIONAL APPLICATION NO. PCT/EP 2005/054571		ATTORNEY'S DOCKET NUMBER 3677	
The following fees are submitted:				CALCULATIONS	PTO USE
24. <input checked="" type="checkbox"/> Basic national fee		\$300		\$	\$300.00
25. <input checked="" type="checkbox"/> Examination fee If International preliminary examination report prepared by USPTO and all claims satisfy provisions of PCT Article 33(1)-(4).		\$100		\$	\$200.00
All other situations.		\$200			
26. <input checked="" type="checkbox"/> Search fee					
Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority		\$100			
International Search Report prepared and provided to the Office		\$400			
All other situations.		\$500		\$	\$500.00
TOTAL OF 24, 25 and 26 =				\$	\$1,000.00
<input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.					
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof (round up to a whole)		RATE	
- 100 =	0	/50 = 0		x \$250.00	\$ \$0.00
Surcharge of \$130.00 for furnishing the oath or declaration later than months from the earliest claimed priority date (37 CFR 1.492(e)).				\$	
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE		
Total claims	10 - 20 =	0	x \$50.00	\$	\$0.00
Independent claims	1 - 3 =	0	x \$200.00	\$	\$0.00
MULTIPLE DEPENDENT CLAIMS (if applicable) <input type="checkbox"/> + \$360.00				\$	\$0.00
TOTAL OF ABOVE CALCULATIONS =				\$	\$1,000.00
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.				\$	\$0.00
SUBTOTAL =				\$	\$1,000.00
Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).				\$	\$0.00
TOTAL NATIONAL FEE =				\$	\$1,000.00
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40 per property +				\$	\$40.00
TOTAL FEES ENCLOSED =				\$	\$1,040.00
				Amount to be	\$
				Amount to be	\$
<p>a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed.</p> <p>b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>194675</u> in the amount of <u>\$1,040.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>194675</u>. A duplicate copy of this sheet is enclosed.</p> <p>d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>					
<p>NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the international Application to pending status.</p>					
<p>SEND ALL CORRESPONDENCE TO:</p> <p>STRIKER, STRIKER & STENBY 103 EAST NECK ROAD HUNTINGTON, NY 11743</p>					
				<p>SIGNATURE</p> <p>MICHAEL J. STRIKER</p>	
				<p>NAME</p> <p>27233</p>	
				<p>REGISTRATION NUMBER</p>	

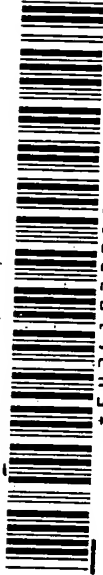
EXTREMELY URGENT

Please Rush To Addressee

①

FOR PICKUP OR TRACKING CALL

10/579478



EV261933911US

Ad



UNITED STATES POSTAL SERVICE®

Post Office

ORIGIN (POSTAL USE ONLY)		Day of Delivery		Flat Rate Envelope
PO ZIP Code	11721	<input checked="" type="checkbox"/> Next	<input type="checkbox"/> Second	<input type="checkbox"/>
Date In	10/11/00	<input checked="" type="checkbox"/> 1st Day	<input type="checkbox"/> 2nd Day	Postage \$
Mo.	10	<input type="checkbox"/> 3rd Day	<input type="checkbox"/> 4th Day	Return Receipt Fee \$
Day	11	<input type="checkbox"/> 5th Day	<input type="checkbox"/> 6th Day	COD Fee
Time In	11:15	<input type="checkbox"/> 7th Day	<input type="checkbox"/> 8th Day	Insurance Fee
AM		<input type="checkbox"/> 9th Day	<input type="checkbox"/> 10th Day	Total Postage & Fees \$
PM		<input type="checkbox"/> 11th Day	<input type="checkbox"/> 12th Day	
Weight	1.00	<input type="checkbox"/> 13th Day	<input type="checkbox"/> 14th Day	
Int'l Alpha Country Code		<input type="checkbox"/> 15th Day	<input type="checkbox"/> 16th Day	
Acceptance Clerk Initials		<input type="checkbox"/> 17th Day	<input type="checkbox"/> 18th Day	
No Delivery		<input type="checkbox"/> 19th Day	<input type="checkbox"/> 20th Day	
Weekend		<input type="checkbox"/> 21st Day	<input type="checkbox"/> 22nd Day	
Holiday		<input type="checkbox"/> 23rd Day	<input type="checkbox"/> 24th Day	

CUSTOMER USE ONLY
METHOD OF PAYMENT: Express Mail Corporate Acct. No. 102402

Waiver of Signature (Domestic Only) - I hereby waive the requirement that the addressee's signature be made without obtaining a receipt from the carrier. I understand that the carrier's signature constitutes valid proof of delivery.

NO DELIVERY - I hereby request that the carrier not deliver this mail piece to the addressee. I understand that the carrier's signature constitutes valid proof of non-delivery.

Signature of Addressee: [Signature]

Signature of Employee: [Signature]

Signature of Employee: [Signature]

Signature of Employee: [Signature]

Signature of Employee: [Signature]

Signature of Employee: [Signature]

Signature of Employee: [Signature]

Signature of Employee: [Signature]

Signature of Employee: [Signature]

Signature of Employee: [Signature]

Signature of Employee: [Signature]

Signature of Employee: [Signature]

Signature of Employee: [Signature]

Signature of Employee: [Signature]

Signature of Employee: [Signature]

Signature of Employee: [Signature]

Signature of Employee: [Signature]

Signature of Employee: [Signature]

Signature of Employee: [Signature]

Signature of Employee: [Signature]

Signature of Employee: [Signature]

Signature of Employee: [Signature]